

## SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
722 Main Street, Suite 3 DSpearfish, SD 57783
(605) 642-1388 D FAX: (605) 642-1389 D www.state.sd.us/doh/nursing

URICAL PACES.	REAT PLACES.						and the state of t	
			A.C.			100		
	A	nnlicati	NI on for T	urse Aide		20.43		
		PPIICALI	011 101 21	nitial Train	ing Pro	ogram		
	Lagarbe of file ah	plication.			by the So Written ap	outh Dakota pproval or de	Board of Nursing pursuant enial of approval will be issue	
Seria completed ap	plication and supp	porting documentation to:			South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783			
Name of Institution	Care	41	2			27705		
Address: POB	OX 126	7	Reepe					
Phone Number:	03/1/6-	1234	7783					
E-mail Address of F	aculty: Www	1. Con	of fait	Number: Keepens	. Co	im		
1. Program Con the proving program con	Oordinator	be a regis	stered nursi	e with two years Director of M	ars of nu	rsing evperio	ence, at least one of which is serve simultaneously as the 18:10)	
Name of Program	1 Coordinator		State			LICENSE		
ma. o		İ	State	Number		piration	Verification	
Mardeona	- VBenta	-	80	R00963	The state of the s	109 /2014	(Completed by SDBON)	
Attach c	rriculum vita ma				vo years o	of nursing exist the actual	perience, at least one of teacher of course material.	
Name of D.								
Name of Primary 1	Instructor		State	RN OR LPN LICENSE State Number Expiration Number				
manda	.10			- dilibei	Date	iration	Verification	
	a Benty		80 1	200963	6 301		(Completed by SDBON)	
field of practice  Attach cur	I Personnel may , i.e. additional lic riculum vita, resur	assist with censed nur ne, or wor	h instruction				rience in their respective 4:04:18:12)	
				LTOP	70101100			
Supplemental Person			State	Number		REGISTRA		
T CISC	mner & Credent	ials		- Trumbel		Expiration Date	Verification (Completed by SDBON)	
					-			
	15	OCHUN AND MARIAN AND AND						



## SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
722 Main Street, Suite 3 D Spearfish, SD 57783
(605) 642-1388 D FAX: (605) 642-1389 D www.state.sd.us/doh/nursing

Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Course Requirements

Name of Course (if applicable): CNA (Hartman's Nunsing ASSIStant Care Long-Term

A variety of toach	ing methods may be utilized in achieving the art Home Health
incharation and	ing methods may be utilized in achieving the classroom instruction such as independent study, video
Submit refere	nine instruction.
Submit refere	nce list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
6.1	l l l l l l l l l l l l l l l l l l l
Judini document	Buon that supports requirements it.
Behaviorally:	tated objectives with measurable performance criteria for each unit of curriculum
Curriculum, o	piectives and agenda documenting the requirements for the minimum 75 hour course as follows:  um of 16 hours of instruction prior to student having direct patients.
A minim	um of 16 hours of instruction and the requirements for the minimum 75 hour course as follows:
180 (	um of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
	ommunication and interpersonal skills, infection control, safety/emergency procedures, promoting
A minim	esidents' independence, respecting residents' rights.
care: th	um of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective
☑ Instruct	Instructor ratio may not exceed eight students for one instructor.
<b>∀</b> B	esic nursing skills (including documentation) including: vital signs; height and weight; client environment
'n	edds; recognizing abnormal changes in body functioning and the interest and weight; client environment
to	a supervisor; and caring for duing elector.
N/O Po	risonal care skills including bathing
' ea	ting and hydration; feeding techniques; skin care; and transfers, positioning, and turning; assisting with ental health and social services, including; responding appropriate positioning, and turning;
SC M	ental health and social services includes, skin care; and transfers, positioning, and turning;
/ de	ental health and social services, including: responding appropriately to behaviors; awareness of velopmental tasks associated with aging process: respecting passages for the process of the passages of the p
di	velopmental tasks associated with aging process; respecting personal choices and preserving client
Ŭ Ca	rity, and recognizing sources of emotional support;
T ne	re of cognitively impaired clients, including: communication and techniques for addressing unique
Ba Ba	the radio beliavors
	sic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation,
ed	ing, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care
an an	training; and care and use of prosthetic and orthotic devices;
, dis	putes; participating in groups and activities; security of personal possessions; promoting an
en	idonment free from abuse mistreatment, and analysis of personal possessions; promoting an
	in groups and accordes; security of personal possessions; promoting an abuse, mistreatment, and neglect and requirement to report; avoiding restraints.
anheralision of atm	ents: Pursuant to ARSD 44:04:18:13, students in a nurse pide training
services unless they	ents: Pursuant to ARSD 44:04:18:13, students in a nurse aide training program may not perform any ave been trained and found to be proficient by the primary instructor. Students in
may perform services	ave been trained and found to be proficient by the primary instructor. Students in a training program only under the supervision of a licensed nurse (RN and/or LPN).
	The state of the s
Program Coordinat	or Signature: Mardeena Bento Rn Dato 1/31/2014
	of signature: //(ardiena Benty Rn Date: 1/31/2014
This same	
ins section to be o	ompleted by the South Dakota Board of Nursing
Printer and the second	
Date Application Rec	eived: 21 3/114,
Date Approved:	Date Application Denied:
Expiration Date of Ap	Reacon for Donial
Board Representative	proval: 300 20 Le
Date Notice Sent to I	stitution: Old Ind
	21614
( )	
ticst	lad - dia bro ) class
11101	1 MF - 40 1117 14 Clm2
0	
Mrn.	W = 20,2011
Jecop	Maria
	2
i	
	80
	80
<b>≯</b> .q	1 WK= 40 hrs in class  of WK= 35 hours okills, 126, clib october 20, 2011  2  2  2  2  2  2  2  2  2  2  2  2